

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                         | INITIALS | ID NO. | DATE     |
|----------------------------------|----------|--------|----------|
| <b>FEE DETERMINATION</b>         |          |        |          |
| <b>O.I.P.E. CLASSIFIER</b>       |          |        |          |
| <b>FORMALITY REVIEW</b>          | 7m       | 7C86U  | 1/31/01  |
| <b>RESPONSE FORMALITY REVIEW</b> | Teguest  | 925    | 03-05-01 |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim    | Date   |
|----------|--------|
| Final    |        |
| Original |        |
| 1 ✓      | 1/1/04 |
| 2 ✓      |        |
| 3 ✓      |        |
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| Claim    | Date |
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| Claim    | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy